## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10/1/6,806.

			SMALL ENTITY TYPE			OTHER THAN						
TOTAL CLAIMS			(Column 1)		(Colu			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	20 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	7	イ minus 3 =		. 0		X43=		1	X86=	1	
MULTIPLE DEPENDENT CLAIM PRESENT								A43=		OR	V00=	<del>-</del>
t If the difference in column 1 is been then you enter "O"								+145=		OR	+290=	(
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL	<u> </u>	OR	TOTAL	770
11	isloy c	(Column 1)	MENDED	ED - PART II (Column 2) (Column 3)				SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	** 0	20	=		X\$ 9=		OR	X\$18=	·
	Independent	• 3	Minus	***	<u>3                                    </u>	<u> </u>	ſ	X43=		OR	X86=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
· · · · · · · · · · · · · · · · · · ·							L	TOTAL		l on	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE <b>L</b>		JOI.	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		a	╽┟	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							445			+290=	
•								+145=		OR	+290= TOTAL	,_
								DDIT. FEE L		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)			400i I			1001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┟	X43=		OR.	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** (	f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	less than	1 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	d in the appr	ropriate box	in col	umn 1	Ì